

Name
in
Full

Maria Brown

CERTIFICATE OF DEATH

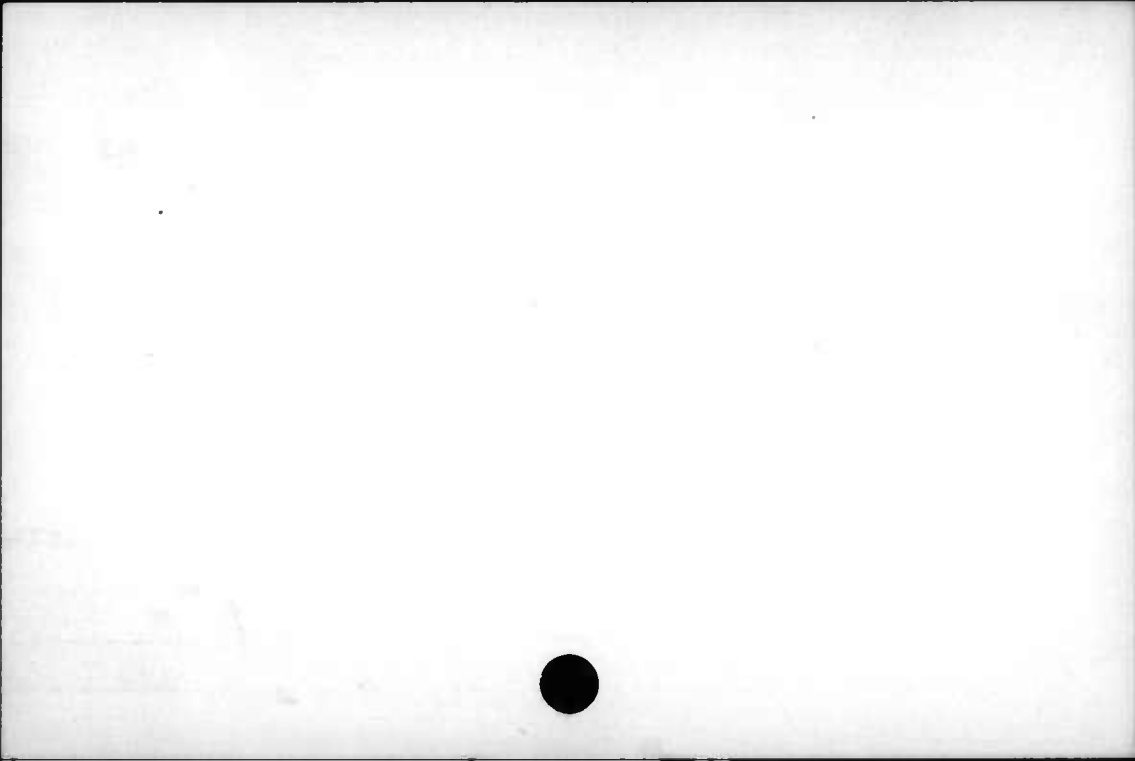
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Waldorf		County Charles		MARYLAND	
Date of death 1903	Month Dec	Day 12	Age	Years 41	Months	Days	
Sex Female		Color or Race Colored		Birth- place Charles Co. Md			
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband		Pat Brown					
Father's Name		James Wills		66		Father's Birthplace Md	
Mother's Maiden Name		Mallie Wills		66		Mother's Birthplace Md	
Name of person giving In formation		Pat Brown				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Two Weeks
Immediate	Heart Failure	How long	One Day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Y. J. Monroe	
Address		Waldorf, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

James Magruder Clements

Town

County

MARYLAND

Died at Mason's Springs

Charles

Date

Month

Day

Years

Months

Days

of death 1903

Dec.

22

Age 30

Sex

Male

Color or
Race

White

Birth-
place

- Ind -

Married, Single
or Widowed

Married

Occupation

Carpenter

Name of Wife or
Husband

Simmons

Father's
Name

Alenza Clements

Father's
Birthplace

- Ind -

Mother's
Maiden Name

Mary Richardson

Mother's
Birthplace

- Ind -

Name of person giving
In formation

Mrs. Simmons

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

18 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. W. Mitchell

Perryman Ind.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

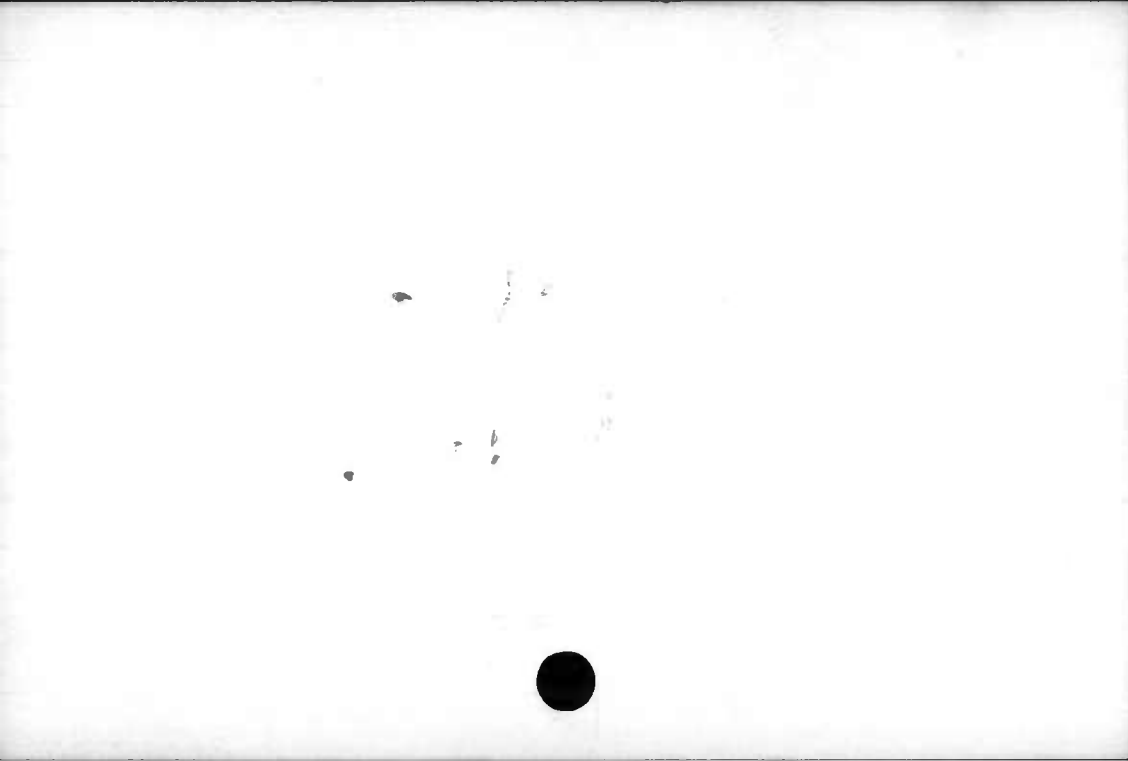
TO BE ANSWERED BY
NEAREST FRIEND

Died in <u>Wilmington</u> ^{Town} <u>Delaware</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>Dec</u>	Day <u>13</u>	Age <u>48</u> Years
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>P.O. Co. Md</u>	Months
Married, <u>Single</u> or Widowed	Occupation <u>Truck driver</u>		
Name of Wife or Husband <u>Maggie Mayhew</u>			
Father's Name <u>Davey</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Wilmington</u>	Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Waring Davey</u>	How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gunshot wound in abdomen</u>	How long <u>36 hours</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John L. Waring</u>
	Address <u>Wilmington</u>
Accident or Suicide? <u>Accident</u>	<u>Md</u>



Name in Full

Certificate of Death

James Ford
 Town Malden County Charles MARYLAND
 Died at
 Date 1908 Month Mar Day 7 Age 36 Y. M. D. Native of Ind Occupation Labourer
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~
 of
~~Wife~~

Father's Name James Ford Mother's Maiden Name Mary Ford

Cause of Death { Primary Consumption How long sick 2 years
 Immediate Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by G. O. Monroe Ind

Address Waldorf Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name
in
Full

Maud M. 1224


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedar Point Neck</i>		Town <i>Ches</i>		County <i>Ches</i>		MARYLAND	
Date of death 1903	Month 12	Day 26	Age 29	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Ches Co Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>		<i>29</i>			
Name of Wife or Husband <i>Augustus H Key</i>		<i>36</i>					
Father's Name <i>James Price</i>		Father's Birthplace <i>Ches Co Md</i>					
Mother's Maiden Name <i>Betha Frederica</i>		Mother's Birthplace <i>St Marys "</i>					
Name of person giving In formation <i>Augustus Key</i>		<i>140</i>		How related to deceased <i>husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Confinement</i>	How long <i>4 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None in attendance</i>
	Address 
Accident or Suicide?	

W F Browne

Name
in
Full

Edna M. Langley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ortleville</i>		County <i>Cherokee</i>		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>19</i>	Age	Years <i>2</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Ind</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Abby Langley</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Margaret A. Cresmond</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Abby Langley</i>				How related to deceased <i>Father</i>			

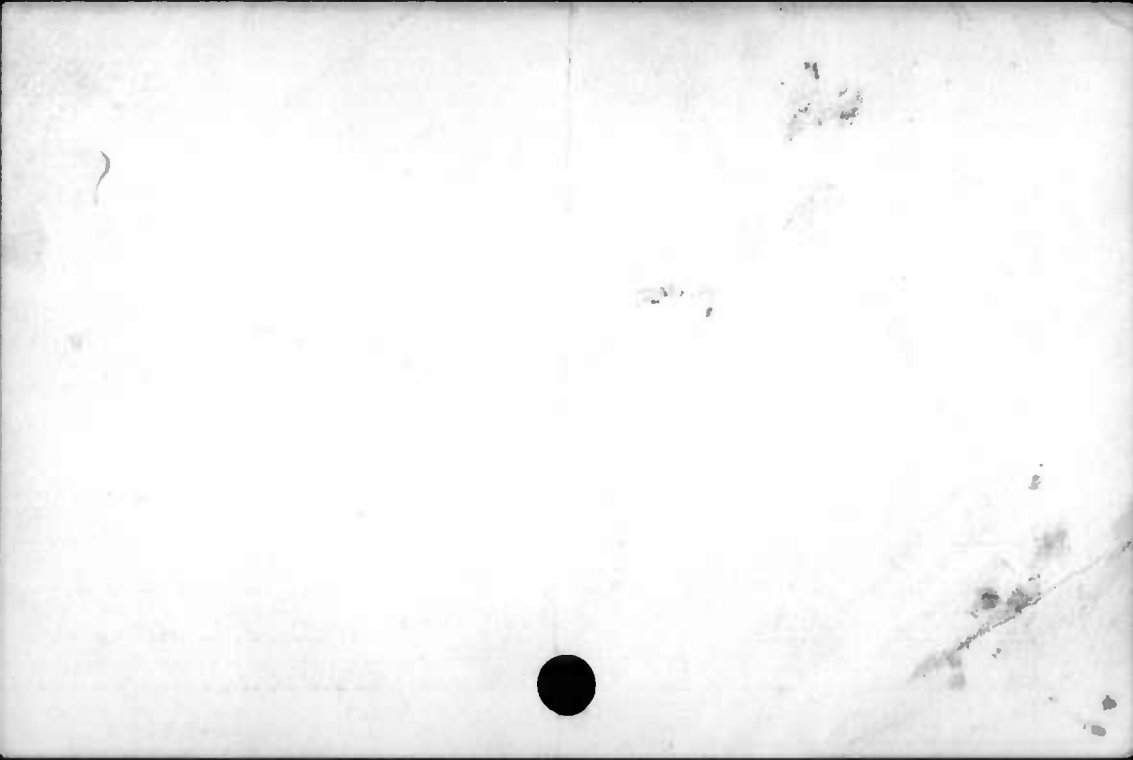
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Bronchitis</i>	How long	<i>6 days</i>
Immediate	<i>Asphyxiation</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. Chapperson</i>	
		Address <i>Keytonville</i> <i>Ind</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
James Lewis		Town Bundick		County Charles	
Died at		State MARYLAND			
Date of death 1903		Month 12	Day 28	Age 87	Years —
Sex Female		Color or Race Black		Birth- place Md	
Married, Single or Widowed Widow		Occupation —			
Name of Wife or Husband Alfred Lewis					
Father's Name Lucas		Father's Birthplace Md			
Mother's Maiden Name		Mother's Birthplace Md			
Name of person giving in formation James Lewis		How related to deceased Son			
CAUSES OF DEATH					
Primary old age		How long —			
Immediate Heart failure		How long 1 week			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. C. Chapman			
		Address Hagerstown Md			
Accident or Suicide?					



Name
in
Full

Herman Livas

CERTIFICATE OF DEATH

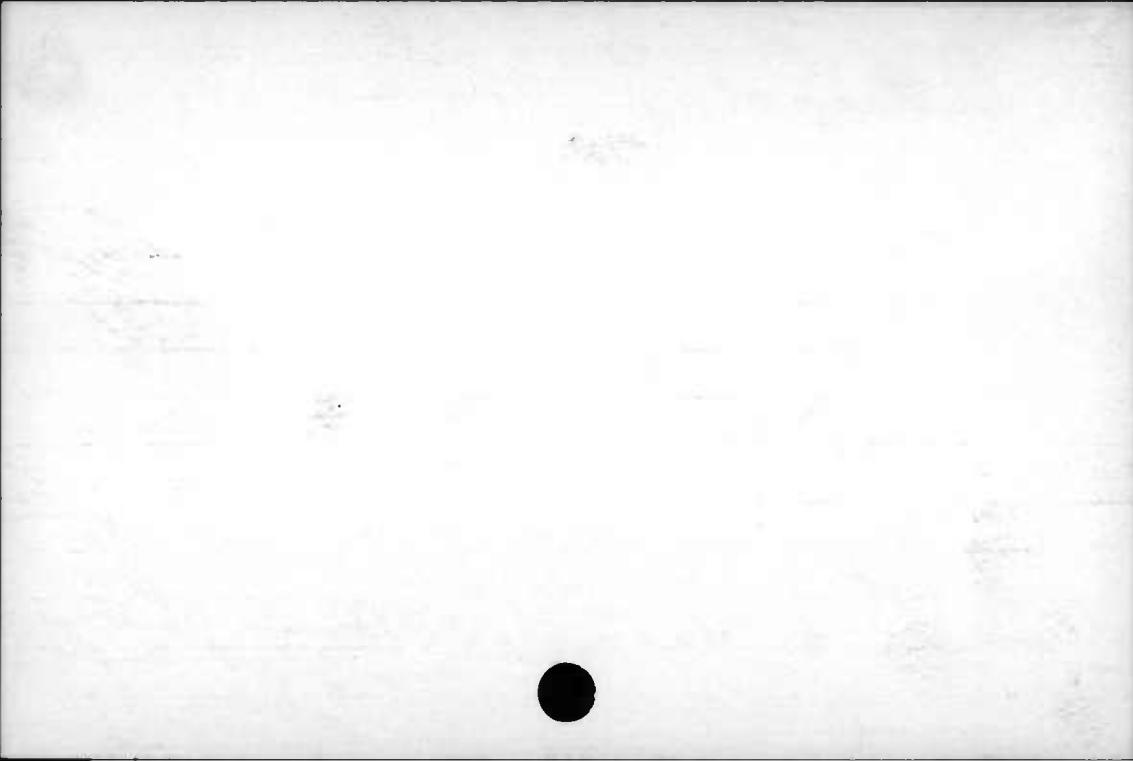
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meimino</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death 1903	<i>Dec</i> ^{Month}	<i>28</i> ^{Day}	Age <i>19</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Marys Co</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband					
Father's Name <i>Not Known</i>			Father's Birthplace		
Mother's Maiden Name <i>Nora Livas</i>			Mother's Birthplace <i>St. Marys Co</i>		
Name of person giving Information <i>Jerry Livas</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burns by fire</i>	How long <i>work</i>
Immediate <i>Shock.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. L. Cecil M.D.</i>
	Address <i>Steepport Ind</i>
Accident or Suicide?	



Name
in
Full

Mary Jane Lyon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pisgah		County Charles		MARYLAND	
Date of death 1903	Month 12	Day 30	Age 29	Years	Months	Days	
Sex 7	Color or Race W		Birth- place md				
Married, Single or Widowed M.			Occupation Wife.				
Name of Wife or Husband Leah Lyon							
Father's Name John O Green			30		Father's Birthplace md		
Mother's Maiden Name Elizabeth Lacy					Mother's Birthplace md		
Name of person giving In formation Neighborhood. Lyon					How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Wrenia. Purpural eclampsia		How long	Two months
Immediate	Purpural Eclampsia et Heart		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician A. L. Hannon	
			Address Mason Springs md.	
Accident or Suicide?				



Name
in
Full

Mary Julia Marshall

CERTIFICATE OF DEATH

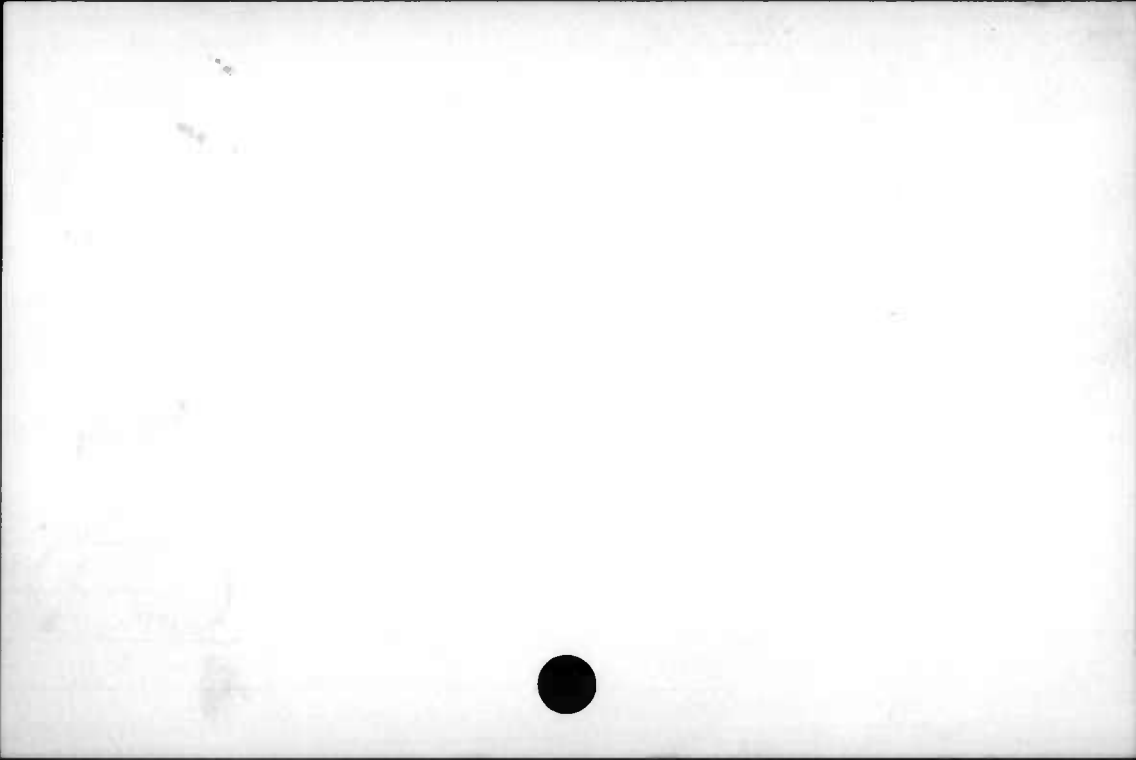
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berry</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>0</i>	Month <i>Dec</i>	Day <i>4</i>	Age <i>—</i> Years	Months <i>2</i>	Days <i>21</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles County</i>	
Married <i>—</i> or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Middleton Marshall</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Ella Charles</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>William Shorter</i>			How related to deceased <i>Grand Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malassimilation</i>	How long <i>Two Months</i>
Immediate <i>Strangulation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. O. Morris</i>
	Address <i>Waldorf, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Edward Milburn

CERTIFICATE OF DEATH

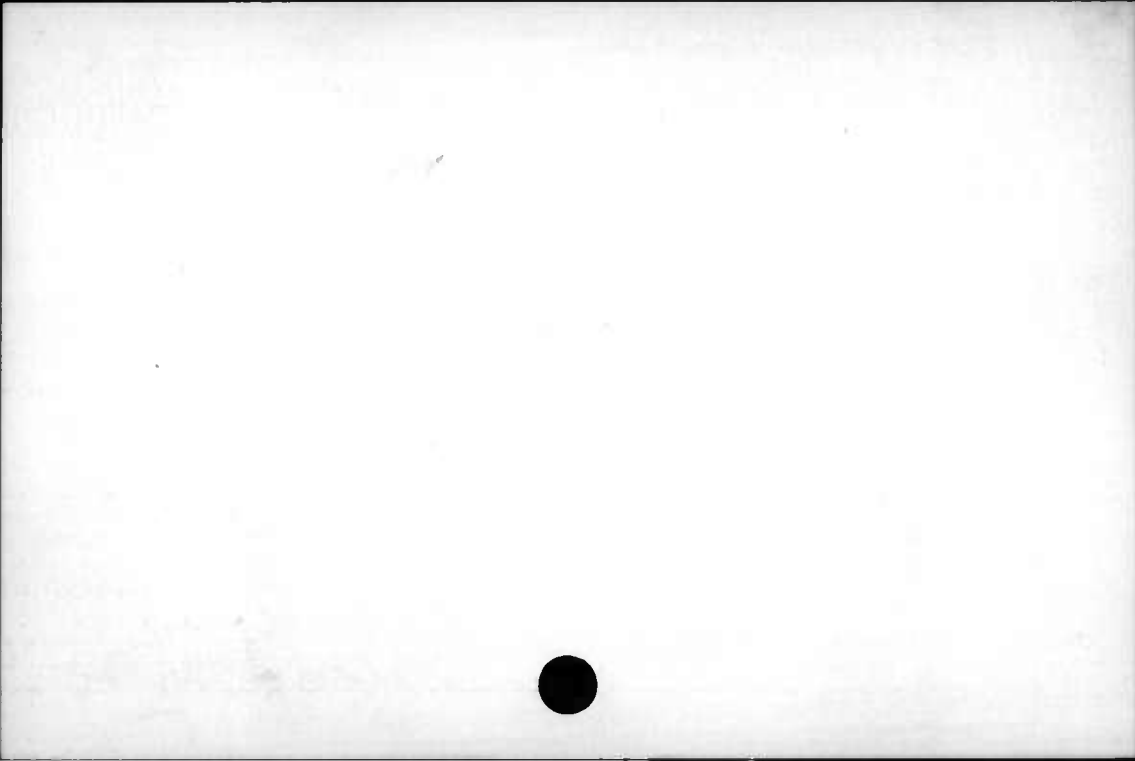
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Plains</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>7</i>	Age <i>8</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mich</i>		
Married Single or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>James Milburn</i>			Father's Birthplace <i>Mich</i>		
Mother's Maiden Name <i>Miss Edwards</i>			Mother's Birthplace <i>Mich</i>		
Name of person giving information <i>Bob Schwartz</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Peritonitis</i>	How long <i>7 days</i>
Immediate <i>Heart-failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. O. M. on 10/16</i>
	Address <i>Waldorf Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Lalimer Murray

CERTIFICATE OF DEATH

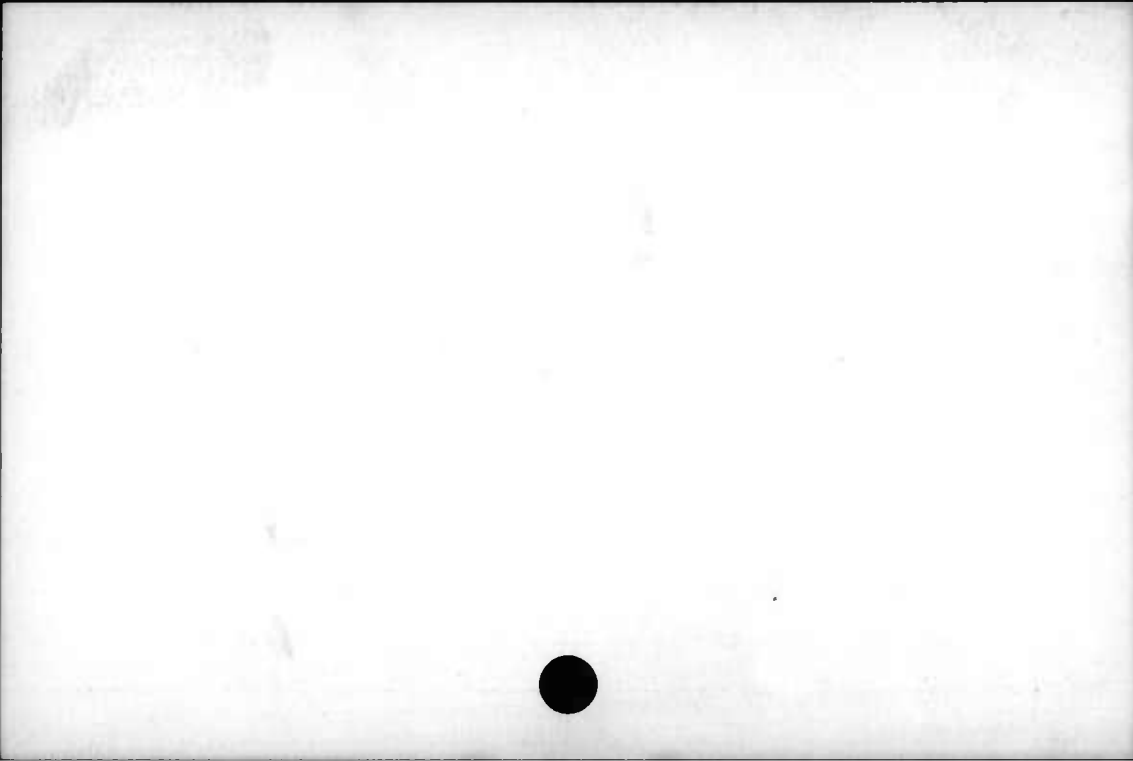
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Market		County Charles		MAYLAND	
Date of death 1903	Month Dec	Day 8	Age 21	Years	Months	Days	
Sex Male	Color or Race White		Birth- place Charles Co.				
Married, Single or Widowed Single			Occupation Farmer				
Name of Wife or Husband							
Father's Name John I. Murray				Father's Birthplace Md			
Mother's Maiden Name Ida Jamison				Mother's Birthplace Md			
Name of person giving information Joseph Murray				How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption	How long Twelve Months
Immediate Exhaustion	How long Short while
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. O. Monroe
	Address New Market Maryland
Assistant or Substitute?	



Name
in
Full

Henry H. Posey

CERTIFICATE OF DEATH

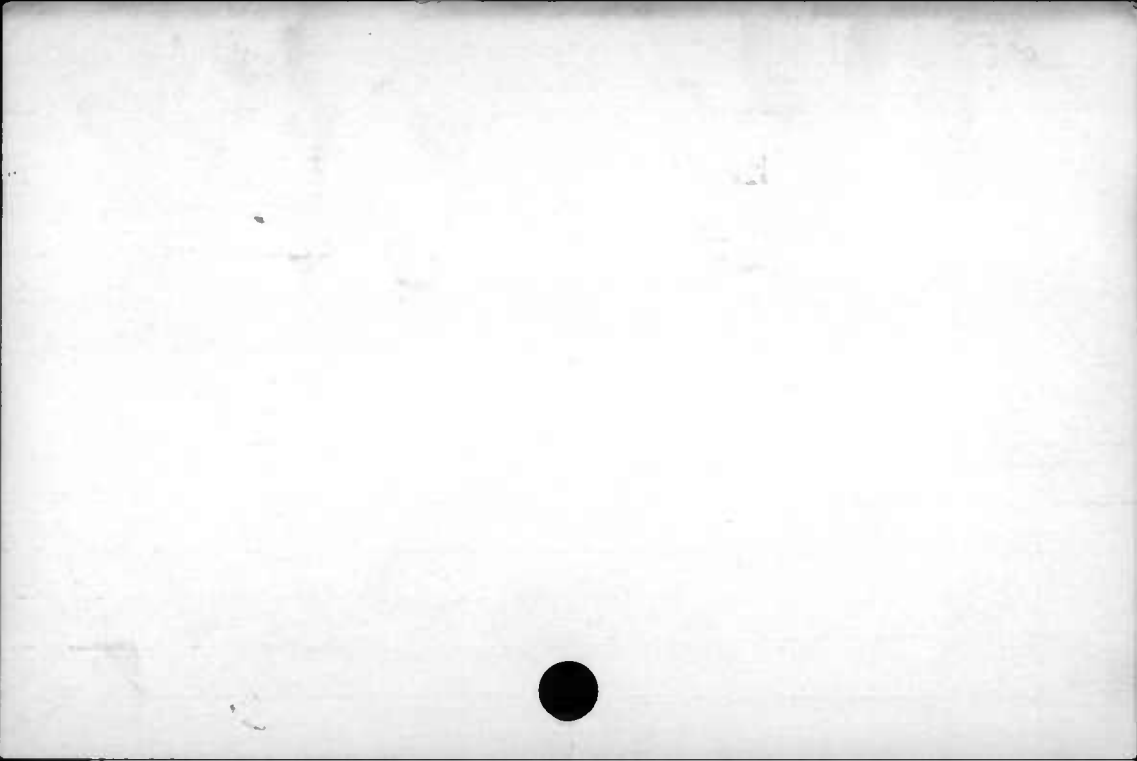
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Canton</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Dec</u> ^{Month}	<u>1</u> ^{Day}	Age <u>85</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Rodger Posey</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Phedilla Oliver</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Hannah Johnson</u>			How related to deceased <u>daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis of Hemispheres of brain</u>	How long <u>1 year or more</u>
Immediate <u>Effects of Paralysis & general exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. H. Spence md</u>
	Address <u>Lockport md</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Mary Elizabeth Queen

Town

County

Died at near Bel allen

Charles

MARYLAND

Date 1903 Dec. 15th Age 2

Male White Married Widow ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of

Father's Name Charles S. Queen

Mother's Name Susanna Queen

Cause of Primary Convulsions

Death Immediate

How long sick 2 days

~~Accident, Suicide, Homicide~~

Reported by Father. Charles S. Queen

Address Bel allen Md Peter W. Roby Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Name in Full

Certificate of Death

Patrick Quinn

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Bel Alton

Charles

Nov 2

Age 58

Ireland

Hostler

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Atheroma Cordiac Neph

How long sick

Death

Immediate

Incompetency Cordiac

Accident, Suicide, Homicide

Reported by

Francis W

Address

Bel Alton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79803



Name
in
Full

Caroline Roach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Benedict		County Chesley		MARYLAND	
Date of death	1903	Month December	Day 17	Age	Years 76	Months —	Days —
Sex	Female		Color or Race	White		Birth-place	md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	James M. Roach			
Father's Name	—				Father's Birthplace	—	
Mother's Maiden Name	—				Mother's Birthplace	—	
Name of person giving Information	—				How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Gastro Enteritis		How long	12 mos
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L. C. Carries
			Address	Bryantown, mo
Accident or Suicide?				



Name
in
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bayanstown</i>		County <i>Charles</i>		MARYLAND	
Date of death 190	3	Month	12	Day	27	Age	Years — Months — Days —
Sex	<i>Girl</i>		Color or Race	<i>Black</i>		Birth-place	<i>Bayanstown</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband				<i>B.</i>			
Father's Name				<i>James Sweeting</i>			
Mother's Maiden Name				<i>Mary Green</i>			
Name of person giving information				<i>James Sweeting</i>			
Father's Birthplace				<i>Indy</i>			
Mother's Birthplace				<i>Indy</i>			
How related to deceased				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>—</i>	How long	<i>—</i>
Immediate	<i>Perinatal death</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. C. Chapman</i>
		Address	<i>Veryesville Ind</i>
Accident or Suicide?			



Name
in
Full

Ethel Warters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near cross Roads</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>14</i>	Age	Years	Months <i>3</i>
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Charles County</i>	
Occupation		Where Residing if not at place of death <i>home</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Lemuel Warter</i>		Father's Birthplace <i>Charles Co Md</i>			
Mother's Maiden Name <i>Rebecca Brown</i>		Mother's Birthplace <i>Charles Co Md</i>			
Name of person giving Information <i>James Briggs</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bad cold or croup</i>	How long	<i>a bout 2 Months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>No Dr in attendance</i>	
		Address	
Accident or Suicide?			

